

PTO/SB/92 (09-03)

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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/650,605
Filing Date	08/28/2003
First Named Inventor	Edmund O. Schweitzer, III
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	1444-0002

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	David M. Mundt, Esq.			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

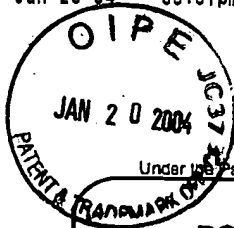
Name	Nancy Hindman		
Signature	<i>Nancy Hindman</i>		
Date	1-19-04	Telephone	509-332-1890

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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PTO/SB/81 (09-03)

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INDICATION FORM**

Application Number	10/650,605
Filing Date	08/28/2003
First Named Inventor	Edmund O. Schweitzer, III
Title	DISTANCE PROTECTIVE RELAYUSING
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	1444-0002

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Eugene M. Cummings	24,398
David M. Mundt	41,207
David Lesht	30,472

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.				
Address	200 West Adams Street				
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City	Chicago	State	Illinois	Zip	60606
Country	USA				
Telephone	312-984-0144	Fax	312-984-0146		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)**SIGNATURE of Applicant or Assignee of Record**

Name	Nancy Hindman		
Signature	<i>Nancy Hindman</i>		
Date	1-19-04	Telephone	509-332-1890

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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